

Document No. 164
Adopted at Meeting of Oct. 18, 1961

RESOLUTION PROVIDING FOR THE PAYMENT
OF RELOCATION PAYMENTS TO ELIGIBLE FAMILIES

MASS. R-35

WHEREAS, the Boston Redevelopment Authority has entered into a Temporary Loan Contract, Mass. R-35, dated October 3, 1961 with the Housing and Home Finance Agency, a division of the United States Government; and

WHEREAS, pursuant to Section 106(f) of the Housing Act of 1949, as amended, and pursuant to said Temporary Loan Contract, and pursuant to regulations issued by the Urban Renewal Commissioner of said Housing and Home Finance Agency, the Authority may determine to give residential site occupants the option to claim fixed amounts in lieu of reasonable and necessary moving expense, or to be reimbursed for actual moving expense and any direct loss of property not to exceed two hundred dollars (\$200);

WHEREAS, the Authority will by informational statement and other communication addressed to individuals and families occupying property within the project area notify such individuals and families in conformance with the provisions of this resolution that: (a) of the availability of relocation payments, and (b) where the written conditions under which relocation payments will be made are available.

NOW, THEREFORE, BE IT RESOLVED by the Boston Redevelopment Authority as follows:

Section 1. The Authority hereby determines to make relocation payments to eligible families and individuals in accordance with and to the fullest extent permitted by Section 106(f) of the Housing Act of 1949 as amended and the rules and regulations promulgated pursuant thereto.

Section 2. The Authority shall make payments in a sum equal to the fixed amount of the relocation payments set forth in the attached Schedule A, or at the option of the site occupant, make payment for moving expense and any actual direct loss of property not to exceed two hundred (\$200) dollars, and subject to the following terms and conditions:

Section 3. The Authority shall pay its proportionate share of administering the relocation program as a part of an eligible project expenditure.

Section 4. The Authority reserves the right to deny a claim of an eligible family or individual who has defaulted in their obligation to the Authority.

Section 5. The Authority will not pay the cost of any appraisal made to determine actual loss of property if made by or in behalf of the claimant. If the Authority expends money for such appraisal work, such expenditure shall be part of its pro rata share of the project cost.

Section 6. A relocation payment may not be made to a site occupant who makes a temporary on-site move. The cost of temporary on-site moves made for the convenience of the Boston Redevelopment Authority, however, may be eligible for inclusion in Gross Project Cost as a property management expense.

Section 7. A site occupant who vacates real property in the project area on which the rental has been increased by at least 10 percent as a result of voluntary rehabilitation or code enforcement activities may be eligible to receive a relocation payment.

Section 8. Families and individuals who are displaced by the project and who move on or after the date of Approval of the Project Expenditures Budget by the Housing and Home Finance Agency may be eligible for relocation payment if the property from which they were displaced was part of the project area, provided that in fact the real property vacated is not occupied by another site occupant prior to acquisition of title to the same by the Authority or other public body unless the latter disclaims a relocation payment. After a site occupant eligible for a relocation payment has vacated the property occupied, no relocation payment may thereafter be made to any party with respect to the subsequent occupancy of the same property or any part thereof.

Section 9. Disbursements which shall not be eligible as relocation payments include, but are not limited to, the following:

- (a) Disbursements for any rent, for loss of goodwill or profit
or for any cost other than necessary moving expenses or actual
direct loss of property.

- (b) Disbursements for expenses or losses for which disbursement or compensation is otherwise made.
- (c) Disbursements for expenses of a claimant in preparing and supporting his claim.
- (d) Loss resulting from damage to the property while being moved.

Section 10. Any individual or family seeking relocation payments shall file a written claim for same on forms furnished by the Authority at the Site Office, located at 30 Hawkins Street, Boston, Massachusetts. All such papers and related evidence shall become the permanent records of the Authority.

Section 11. If the joint occupants of a single dwelling unit at the project site move to two or more locations and consequently submits more than one claim, an eligible claimant for a fixed payment may be paid only his reasonable prorated share (as determined by the Authority) of the total fixed payment applicable to such dwelling unit, and the total of fixed payments made to all such claimants moving from such dwelling unit shall not exceed the total of such payment applicable to such dwelling unit.

Section 12. Any claim for relocation payments must be submitted to the Authority within six (6) months after the related moving expense has been incurred or direct loss of property is suffered.

Amended by Amendment No. 1 (next page) and Amendment No. 2

Section 13. / All claims shall be made on Housing and Home Finance Agency Form H-6140 (attached hereto) and shall be approved by the Project Manager, John J. Hallisey, or, in his absence, by the acting project manager.

BE IT FURTHER RESOLVED that an informational statement be furnished to site occupants, indicating:

- (a) the availability of relocation payments; and
- (b) where the written conditions under which relocation payments will be made are available.

AMENDMENT NO. 1

Adopted at Meeting of Jan. 31, 1962

VOTED: to amend the Relocation Payment Resolution for both residential and non-residential site occupants, on file in the Document Book as Document No. 163 and 164, as follows:

"Effective this day, all relocation payments claims will require the approval and signature of John B. Alevizos and that Sections 13 (residential) and 14 (business) of both relocation payment policies are hereby amended to reflect the above change."

AMENDMENT NO. 2

Adopted at Meeting of Feb. 14, 1962

VOTED: to amend the Resolution Providing for Relocation Payments to Eligible Families, Document No. 164, as follows:

"Effective this day, all residential relocation payments claims will require the approval and signature of John J. Hallisey, the Project Manager, or, in his absence, the Acting Project Manager, and that Section 13 of the above-mentioned Policy is hereby amended to reflect the above change."

Housing and Home Finance Agency
URBAN RENEWAL ADMINISTRATION

PROJECT LOCALITY

Boston, Massachusetts

PROJECT NAME(S)

Government Center

PROJECT NUMBER(S)

Mass. R-35

FIXED RELOCATION PAYMENTS SCHEDULE

(Slum Clearance and Urban Renewal Program)

INSTRUCTIONS: Prepare original and 3 copies for HHFA if the schedule is proposed for only one project. Prepare an additional copy for each additional project.

A. TYPE OF SUBMISSION AND APPLICABILITY OF SCHEDULE

- ☐ THIS IS THE ORIGINAL SCHEDULE AND IS PROPOSED TO APPLY TO THE PROJECT(S) IDENTIFIED ABOVE.
- ☒ THIS IS AN AMENDED SCHEDULE (AMENDING THE ONE APPROVED BY HHFA ON 4/16/58) FOR THE PURPOSE OF:
- ☒ REVISING THE AMOUNT OF THE FIXED PAYMENTS.
- ☒ ADDING ADDITIONAL PROJECT(S) TO THOSE COVERED BY THE PREVIOUS SCHEDULE. SUCH NEW PROJECT(S) IS (ARE) NUMBERED _____
- ☐ OTHER (Explain) _____

B. REQUEST AND SCHEDULE

Approval is requested to pay to eligible individuals and families the fixed amounts of Relocation Payments indicated in the Schedule below. The amounts indicated in the Schedule have been developed, and the Payments will be made, in accordance with the Rules and Regulations Governing Section 106(f) Relocation Payments. Eligible individuals and families will:

- ☐ BE PAID ONLY THE APPLICABLE APPROVED FIXED AMOUNTS.
- ☒ BE GIVEN THE OPTION TO CLAIM THE APPLICABLE APPROVED FIXED AMOUNTS OR REIMBURSEMENT FOR ACTUAL MOVING EXPENSE AND ANY DIRECT LOSS OF PROPERTY.

SCHEDULE

ITEM	INDIVIDUALS AND FAMILIES OWNING FURNITURE AND OCCUPYING:							INDIVIDUALS NOT OWNING FURNITURE	FAMILIES NOT OWNING FURNITURE
	1 ROOM (a)	2 ROOMS (b)	3 ROOMS (c)	4 ROOMS (d)	5 ROOMS (e)	6 ROOMS (f)	7 ROOMS ¹ (g)		
1. Proposed fixed amount of Relocation Payment	\$ 35	\$ 49	\$ 70	\$ 84	\$ 98	\$ 112	\$ 126	\$ 5	\$ 10
2. Lowest normally available moving cost per hour	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14		
3. Average (i.e., median) number of hours required	2 1/2	3 1/2	5	6	7	8	9		

¹ Attach separate sheet and continue schedule if provision is to be made for individuals and families occupying more than 7 rooms.

C. **BASIS FOR PROPOSED FIXED PAYMENTS** (Explain in sufficient detail to justify how the amounts proposed in the Schedule were determined, including the source of the amounts for lowest normally available moving cost per hour and the basis for the estimated average number of hours required. Use additional sheets if needed.)

The Massachusetts Department of Public Utilities reported the lowest normal rates at \$14.00 per hour for moving household furniture. Five reputable moving firms were contacted and reported rates ranging from \$14 to \$16 per hour for a truck and three men.

Submitted by:

October 18, 1961

Date

Signature of Authorized Officer

Boston Redevelopment Authority

Local Public Agency

Title

SPACE BELOW FOR USE OF HHFA

D. **APPROVAL**

Approval is granted to the Local Public Agency identified above to pay, in accordance with the Rules and Regulations Governing Section 106(f) Relocation Payments and on the basis indicated in Block B, the fixed amounts of Relocation Payments indicated in Line 1 of the Schedule for expenses and losses incurred on or after the date of this approval for the project(s) identified above, except as provided for below:

HOUSING AND HOME FINANCE ADMINISTRATOR

By

Date

Signature

Title

CLAIM FOR RELOCATION PAYMENT

NAME AND ADDRESS OF LOCAL PUBLIC AGENCY

PROJECT NAME

PROJECT NUMBER

Individuals and families claiming FIXED PAYMENTS are to complete Items 1 through 6 and Item 12 before this claim will be processed for payment. All other claimants are to complete all items numbered 1 through 12 before this claim will be processed for payment. Where an item that is to be completed does not apply, write "None" in the space.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

2. DATE(S) OF MOVE

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

b. Apt., Floor, or Room No. _____

c. Was it furnished with your own furniture? ☐ YES ☐ NOd. Number of rooms occupied (excluding
bathrooms, hallways, and closets): _____

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address

b. Apt., Floor, or Room No. _____

5. TYPE OF PAYMENT CLAIMED (Check one box after consulting Local Public Agency regarding local practice)

☐ a. Reimbursement for actual moving expense and/or direct loss of property☐ b. Fixed Payment

6. TOTAL CLAIM (If claim is for Fixed Payment, consult Local Public Agency. If claim is for reimbursement of actual expenses and/or losses, enter sum of Lines 11a and 11b below.)

\$

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE
NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

10. METHOD OF PAYMENT, MOVING BILL (Check one)

☐ I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.☐ I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the Local Public Agency and the mover.

11. AMOUNT OF ACTUAL COST AND/OR LOSS

a. COST OF MOVING (Must be supported by attached receipt(s) or unpaid voucher from mover if Local Public Agency is to pay mover directly.)

\$

b. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claims on reverse side of this form must be completed.)

\$

12. I certify (a) that any movers' bills or receipts attached hereto accurately reflect moving services actually performed, and (b) that all other information submitted herewith or included herein is true and correct. I further certify that this represents my entire claim for a Relocation Payment to be made under Federal law and solely out of Federal funds, and that payment has not been received. I understand that falsification of any item in this claim may result in forfeiture of the entire claim.

Date

Signature

(Over)

Each item of property for which an actual direct loss is claimed, and for which reimbursement or compensation is not otherwise provided, is to be listed below, and the indicated information with respect to each item is to be given below. Any appraisals, estimates, statements of value, or other evidence of estimated value or price received for property sold must be attached to this claim. Attach additional sheets as necessary.

DESCRIPTION OF PROPERTY	BASIS FOR AMOUNT CLAIMED (Explain fully, referring to any attached statements)	FAIR MARKET VALUE		AMOUNT CLAIMED	(FOR LPA USE) AMOUNT APPROVED
		FOR CONTINUED USE AT PRESENT LOCATION	DELIVERED TO ANOTHER LOCATION		
		\$	\$	\$	\$

TO BE COMPLETED BY LOCAL PUBLIC AGENCY

I CERTIFY that I have examined this claim and the documents required to substantiate it and have found the claim to be in accord with the applicable provisions of Federal Law, the Rules and Regulations issued by the Housing and Home Finance Administrator pursuant thereto, and the pertinent Federal Contract. Therefore, this claim is hereby approved and payment is authorized as follows:

Reimbursement for actual moving expense	\$	AUTHORIZED SIGNATURE _____ DATE	PAYMENT(S) MADE IN SETTLEMENT OF CLAIM	
Reimbursement for actual direct loss of property	\$		CHECK NO.	AMOUNT
Fixed payment	\$			\$

INTER-OFFICE COMMUNICATION

May 10, 1961

TO Kane Simonian, Executive Director
AT
FROM T. P. O'Brien, Administrative Assistant
AT

ATTENTION:

SUBJECT Proposed Schedule of Fixed Relocation Payments
Government Center Project, Mass. R-35(A)

I contacted the Massachusetts Department of Public Utilities on rates filed with that Department for moving household furniture. These rates for a van and three men run generally between \$14.00 and \$16.00 per hour, plus running time, which in most cases is one-half hour, based on the hourly rate.

I then contacted the following individual moving firms on their hourly rates, as follows:

D. W. Dunn Company.....	\$ 16.00
Casey & Hayes.....	16.00
F. J. Shaughnessy & Sons.....	14.00
Fraser & Walker, Inc.....	16.00
T. G. Buckley Co.....	16.00

From the above information, it is recommended that the hourly moving cost be established at \$14.00.

Based upon the previously determined median number of hours required for moving, the following Schedule of Fixed Relocation Payments for the Government Center Project is recommended:

<u>No. of Rooms</u>	<u>Moving Cost per Hour</u>	<u>Median No. of Hrs. Required</u>	<u>Proposed Fixed Payment Amount</u>
1	\$14.00	2½	\$ 35.00
2	14.00	3½	49.00
3	14.00	5	70.00
4	14.00	6	84.00
5	14.00	7	98.00
6	14.00	8	112.00
7 or more	14.00	9	126.00

Individuals Not

Owning Furniture..... \$ 5.00

Families Not

Owning Furniture..... 10.00

Thomas P. O'Brien
Administrative Assistant